8038965199 From: (8035201182)	03/24/21 11:05 AM Page 3 of 14	AC
STATE OF SOUTH CAROLINA)	BEFORE THE	EPTED.
(Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo)	PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA	D FOR F
Application for a Class C Non-Emergency))	DOCKET 2021 - 109 T	FOR PROCESS
)) 	If this is your first time filing an application with the PSC, you will no have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.	₩
(Please type or print) Submitted by: Breanna Baxter	Telephone: (803)834-0989	March
Address: 19 Landmark Dr 44H	Fax:	1 25 7
Columbia, SC 29210	Other: F.mail: ab.solutransit@gmail.com	7:25/
NOTE: The cover sheet and information contained herein neither replace		
be filled out completely.	-vining site of the parties of the p	SC
		SCPSC
be filled out completely.	(Check all that apply)	SCPSC:
be filled out completely. NATURE OF ACTION	(Check all that apply)	SCPSC:
NATURE OF ACTION Application - Class A/A Restricted Application - Class C Taxi Application - Class C Charter	(Check all that apply) Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.)	SC PSC - 2021-109-T
NATURE OF ACTION Application - Class A/A Restricted Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus	(Check all that apply) Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.)	SC PSC_ - 2021-109-T -
NATURE OF ACTION Application - Class A/A Restricted Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency	(Check all that apply) Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request	SC PSC, - 2021-109-T - Page
NATURE OF ACTION Application - Class A/A Restricted Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency Application - Class C Stretcher Van	(Check all that apply) Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit	SC PSC_ - 2021-109-T - Page 1 of
NATURE OF ACTION Application - Class A/A Restricted Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency Application - Class C Stretcher Van Application - Class E Household Goods	(Check all that apply) Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit	SC PSC, - 2021-109-T - Page
NATURE OF ACTION Application - Class A/A Restricted Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency Application - Class C Stretcher Van	(Check all that apply) Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit	SC PSC_ - 2021-109-T - Page 1 of
NATURE OF ACTION Application - Class A/A Restricted Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency Application - Class C Stretcher Van Application - Class E Household Goods Application - Class E Hazardous Waste	(Check all that apply) Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit Letter	SC PSC_ - 2021-109-T - Page 1 of
NATURE OF ACTION Application - Class A/A Restricted Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency Application - Class C Stretcher Van Application - Class E Household Goods Application - Class E Hazardous Waste Application	(Check all that apply) Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit Letter Proposed Order	SC PSC_ - 2021-109-T - Page 1 of
NATURE OF ACTION Application - Class A/A Restricted Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency Application - Class C Stretcher Van Application - Class E Household Goods Application - Class E Hazardous Waste Application Request for Extension to Comply with Order Request for Order Granting Authority to Obtain a Certificate	(Check all that apply) Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit Reservation Letter	SC PSC_ - 2021-109-T - Page 1 of
NATURE OF ACTION Application - Class A/A Restricted Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency Application - Class C Stretcher Van Application - Class E Household Goods Application - Class E Hazardous Waste Application Request for Extension to Comply with Order Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	(Check all that apply) Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit Reservation Letter Response	SC PSC_ - 2021-109-T - Page 1 of

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OLUMN STATE		Columbia, 80	outh Carolina 29210		R P
NESS PROTESTA		Phone: (803) 896-516	00 Fax: (803) 896-5199		ROC
BLD48099004ft@WKK###octase#1			LIC CONVENIENCE AND N OR VEHICLE CARRIER	ECESSITY FOR	ACCEPTED FOR PROCESSING - 2021 March 25
MANAGEMENT					202
STOPPACE OF	CLASS C - NON-EMERGENC	Y	Date: March 18, 2	021	<u></u>
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********					25
VORTES EN MONTE MUNICIPALITATION NA VINCENTRA	Application is hereby made for a C of S.C. Code Ann., § 58-23-10, et 1. Name under which business is to b	Certificate of Public Co seq. (1976), and amend	nvenience and Necessity, in acciments thereto.	ordance with the provis	7:25 AM
excepternes					- SC
	1.	Absolute	Transit, LLC)PS
NAMES OF THE OWNER, OWN	Name under which business is to b	e conducted (corporation	, partnership, or sole proprietorship	, with or without trade na	
PRILIPARE CO.			H Columbia, SC 29210		202
₹		Street Addi	ess of Applicant		2021-109-1
CANTRONNA			***************************************		9
BEGINE SHEETHER SHEETH	Mai	iling Address of Applicar	nt (if different from street address)		
Revolution des encountries	(803)834-0		nt (if different from street address)		- '
HERONIEWSKIEGOSTOWN			nt (if different from street address)	*	- Page
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WICH-ESON WITH DESTROYARD WITH THE PROTECTION FOR THE PROPERTY OF THE PROPERTY	2. If the Applicant is an LLC or a consecretary of State and the Article Carolina Secretary of State "Fore 3. Select Entity Type: (Check one Individual Owner/Sole Pro Partnership - List names as Corporation - List names as Breanna Baxter 19 Landmark Dr.	ab.solutran Email corporation, a copy of the sof Incorporation must sign Corporation Certified poprietorship and address of all person addresses of two prints addresses of two prints and the columbia, SC 2921 44H Columbia, SC 2921	Fansit@gmail.com Il Address e Certificate of Existence from the attached. (If incorporated out ficate.) In having an interest in the busine incipal officers.	he South Carolina side of SC, attach South	- Page 2 of 17

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24 a.m. 03-24-2021 5 SCDSS					⊳			
3965199	From: (8	8035201182)	03/24/21 11:05 AM	Page 5 of 14	ACC.			
Applicant is financially able to furnish the services as specified in this application and submits the following								
Applicant's assets and liabilit	ties are as f	follows:			FOR PROCE			
Assets:			Liabilit	ies:	S			
Value of Real Estate	0		Mortgage/Loan on Real Estate		SINC			
Value of Motor Vehicles	4,000		Loans Owed on Motor Vehicle	es	G - 20			
Cash on Hand	1,000		Business/Other Loans Owed		72			
Cash in Bank	1,000		Other Liabilities or Debts		March			
Value of Other Assets and Equipment	500		Total Liabilities	-0-	25 ₇ :25			
Total Assets	6,500.00				AM			
INSTRUCTIONS:	manna tha ac	ntral or actimated man	arket value of any real property/bui	dings owned by the	- SCPSC			
Company/Business App			anket value of any real property/out	dangs owned by the	- 20			
2. "Mortgage/Loan on Rea by the Real Estate lister		eans the outstanding	s balance on any Mortgage, Equity I	ine or other Loan secured	2021-109-T			
			mated value of any moving vans, tri					
4. "Loans Owed on Motor	<u>Vehicles</u> " n	neans the outstandin	ficate. 1g balance on any loans or liens on t	he vehicles listed in Item	age (
			Company/Business applying for a Co		3 of 1			

INSTRUCTIONS:

3 of 17

- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- 9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Transportation Base Rate

Weekday \$25- \$30

Weekend \$30- \$45

Wheelchair Base Rate

Weekday \$45- \$50

Weekend \$75- \$90

Holiday \$85- \$100

Additional Mileage Fee

Weekday \$3- \$5 per mile

Weekend \$5- \$7 per mile

Holiday \$5-\$10 per mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide"
authority if you intend to operate in all counties in South Carolina.

Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

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To: 8038965199		From:	(8035201182)	03/24/21 11:05 AM

Page 7 of 14

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seathelts in the vehicle, including the driver's seatbelt.)

8-15 Passengers, including driver

WHEEL-CHAIR

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	LIFT
Honda	2005 Odssey	5FNRL38755B013112		

<u></u>	<u> </u>			

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To: 8038965199			From:	(8035201182)

03/24/21 11:05 AM Page 8 of 14

INSURANCE QUOTE

The following insurance quote is for:			EOOING
	Absolute Transit, LLC		
	Name of Applicant		- 202 Mai Ci
19 Land	mark Dr 44H Columbia, SC 29210		-
	Address of Applicant		<u>a</u>
Amount of Premium:			
Liability Insurance \$ 32,311			
he above quoted premium is for a term of			
Minimum Limits - Bodily injury and prop- than the following:	erty damage limits will not be less	T. Complete Communication	9
that the following.		Limits Quoted	<u> </u>
Liability Combined Each Occurance	\$ 1,000,000	3,000,000	
Medical Payments per Person	\$ 1,000	5,000	
Upchu	irch & Jowers Insurance Agency		-
N	ame of Insurance Company		
2004 W	est DeKalb St Camden, SC 29021		2
Hon	ne Office Address of Company		

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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			Ex	hibit Fit, Willing, ar	eluding safety regulations and governing for-blicant agree to operate in compliance with the	DFC
				Absolute Tran	sit, LLC	Ä
******		· · · · · · · · · · · · · · · · · · ·		Name		
						OCE
	T. 43					SS
1.	O Vac	irrentiy i	any outstandin	g judgments against the	Applicant?	Ž
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	statutes an	d regula	tions?	record areas makes using		- Q

Yes

therewith?

• Yes

O No

O No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated

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To: 8038965199		From	(8035201182)	03/24/21 11.07 DM	Dage 10 of 1

Exhibit on Driver Qualifications

 Applicant understands that drivers must possess at least a current American Red Cross Standard First CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina. 					
	•	Yes	0	No	
2.	Appli	cant understands that	drive	ers must be in compliance with all OSHA regulations.	
	•	Yes	0	No	
3.				ers must be trained in the use of all vehicle installed safety equipment such as re extinguishers, and other equipment as outlined in PSC Regulations.	
	•	Yes	0	No	
4.	with c	cant understands that disabilities, including t	whee	ers must be able to physically perform actions necessary to assist persons elchair users. No	
5.				ers must wear a professional uniform and photo identification badge that ne company for whom the driver works.	
	•	Yes	0	No	
6.	of safe		erify	ors must complete twelve (12) hours of in-service training annually in the area frecord such training must be kept on file at the company's primary place of	
	•	Yes	0	No	

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

	The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina
	through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-
لکا	through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.
	gov to create a My DMS account.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF _

Newberry

3 SWORN TO BEFORE ME

_, 20 21

Notary Public

Commission Expires

03/01/2026

Print Application

The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

To: 8038965199

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Absolute Transit LLC, a limited liability company duly organized under the laws of the State of South Carolina on July 11th, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 30th day of October, 2019.

Mark Hammond, Secretary of State

Upchurch & Jowers Insurance Agency

2004 West DeKalb Street Post Office Box 893 Camden, SC 29021-0893 www.upjowers.com Camden – 803-432-8433 Columbia – 803-256-2676 Statewide - 800-922-2449 Fax - 803-432-5469

February 4, 2021

Ms. Breanna Baxter Absolute Transit, LLC 19 Landmark Drive Apt 44H Columbia, SC 29210

Dear Breanna:

Thank you for giving us the opportunity to quote on your Business Insurance. On the following pages, you will find our proposal based on the information you gave us.

Please review the proposal and let me know if there are any changes to be made.

In addition to a very competitive quote, we offer a staff of trained insurance professionals to handle all your insurance needs. We want your business, and if you have any questions, please call me.

Sincerely,

Andrew D. Deese

ADD/las

Enclosure



INSURANCE PROPOSAL

Absolute Transit, LLC 19 Landmark Drive Apt 44H Columbia, SC 29210

PRESENTED BY

Andrew D. Deese

Service

Valerie Ray VRay.upchu01@insuremail.net



Upchurch & Jowers Insurance Agency, Inc.

2004 West DeKalb Street • Post Office Box 893 Camden, SC 29020

Camden 803-432-8433 Columbia 803-256-2676

Statewide 1-800-922-2449 Web: www.upjowers.com

INSURANCE PROPOSAL

FOR

Absolute Transit, LLC

COMMERCIAL PACKAGE

A. General Liability

General Aggregate Limit	\$ 3,000,000
Products Aggregate Limit	\$ Included
Personal Injury & Advertising	
Injury Limit	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000
Fire Damage Limit	\$ 50,000
Medical Expense Limit	\$ 5,000
Property Damage Deductible	\$ 2,500

B. Professional Liability

Per Claim Limit	\$ 1,000,000
Aggregate Limit	\$ 3,000,000
Deductible	\$ 2,500

C. Sexual Abuse and Molestation Liability

Per Claim Limit	\$ 1,000,000
Aggregate Limit	\$ 1,000,000
Deductible	\$ 2,500



BUSINESS VEHICLES

				Comp	Coll
#	Year	Description	VIN	Deduct	Deduct
01	2005	Honda Odyssey	3112	N/A	N/A

Coverage

Liability	\$ 1,000,000
Medical Payments	\$ 1,000
Uninsured Motorist	\$ 100,000
Underinsured Motorist	\$ 100,000

Approved Drivers*: Charles Baxter Breanna Baxter

*All additional drivers must be reported to and approved by the insurance company prior to driving any company vehicle

PREMIUM QUOTATION

Package Liability Premium	\$ 3,498.00
Commercial Auto Premium	\$ 28,813.00
Total Account Premium	\$ 32,311.00

PAYMENT PLAN

Annual Pay \$ 32,311.00

OR

Premium Finance:

Down Payment \$ 6,980.60 10 Monthly Payments \$ 2,669.06

Includes Taxes, Fees and Finance Charges

This proposal is not a contract of insurance but is intended to provide a general outline of coverages. Refer to the actual policy for coverages and provisions.

RECOMMENDATIONS:

 An Excess Umbrella liability policy may be added for an additional, annual premium. To: 8038965199 From: (8035201182)

03/24/21 11:05 AM

Page 1 of 14

Transportation Cover Sheet

Class C Non-Emergency Application

To: Public Service Commission

Clerk's Office

101 Executive Center Driver, Suite 100

Columbia, SC 29210

From: Breanna Baxter

Absolute Transit, LLC

19 Landmark Dr. Apt. 44H

Columbia, SC 29210

803-834-0989

RECEIVED

MAR 24 2021

PSCSC Clerks Office